

## Iowa Retirement Investors' Club (RIC) 457/401a Plans

Look *forward* to retirement!

## Winnebago County RIC Account Form

	Name Carial Cassifts #					
Personal	Name Last	First	Socia Mi	Existing accounts need last 4 digits only		
Information	Address		City	StateZip		
	Birth Date	Phone (work)	Phone (home)	Phone (cell)		
Account Status	□ New account (Must open 457/401 accounts with RIC provider) □ Change to existing account (This form replaces last completed deduction				request)	
457 Payroll Deduction Election	The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).					
	Provider	Provider Corebridge Financial				
	Per paycheck	Pretax %				
	amount & taxation	Roth \$  Roth %  Stop deductions				
	Frequency	Deductions will be made from 24 checks annua	illy.			
		Changes are effective for the next available paych  Begin as of  tive date (if desired)  Final check		date is indicated.		
Participant Signature	as disclosed in made in the cal may only be ma	employer to process these requests. I have access the Plan Document. I have established 457 and 40 lendar year must not exceed the federal limits as ade upon termination of employment or qualifica	D1a accounts with a RIC prov required by the Internal Reve	der. I understand that the total of all 457 contribenue Code section 457. I understand that withdration.	utions	
Form	Participant Signa	ture		Date		
Submission	RIC Account Fo	rm: Forward to your payroll office (shown belo	ow)   Provider accoun	t forms: Forward to the provider		
Agent Use On	<b>ly</b> (Not required,	but preferred) I am authorized to open RIC accou	nts for this employee. I verify	457/401a accounts have been established.		
Print Agent Name		Agent Signature	A	gent Phone Number Date		
		at <a href="https://das.iowa.gov/RIC/PSE">https://das.iowa.gov/RIC/PSE</a> for full program oyer's 457/401a plans.	details; select <i>Employer Plan</i>	Details to access the RIC At-A-Glance and plan op	otions	
Payroll Office				lse Only		
Date Received:			Date Pended:			
Paycheck Effect	ive Date:		Entered:			
Name:			Checked:			